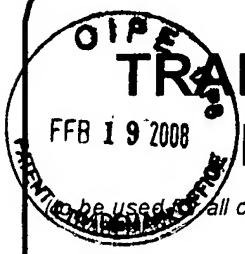
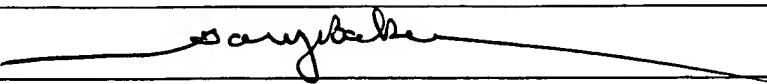
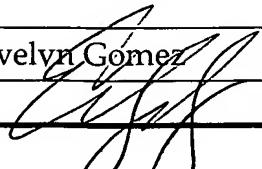


*[Handwritten signature]*  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

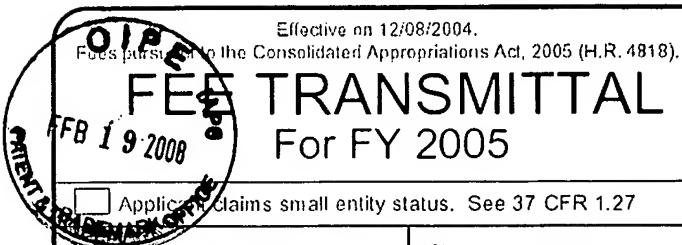
 <b>TRANSMITTAL FORM</b> <small>(This form is to be used for all correspondence after initial filing)</small>		Application Number	10/620,315
		Filing Date	July 14, 2003
		First Named Inventor	Moshe Rosenberg
		Group Art Unit	1615
		Examiner Name	Melissa S. Mercier
Total Number of Pages in This Submission		Attorney Docket Number	309J-000310US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>  <input type="checkbox"/> PTO-1449 form and receipt acknowledgment postcard
<b>Authorization to Charge Deposit Account</b> Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.		
<input type="text"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Gary Baker, Reg. No. 41,595, Quine Intellectual Property Law Group P.C.
Signature	
Date	Feb 15, 2008

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DC 20231 on this date: <i>[Handwritten signature]</i>		
Typed or printed name	Evelyn Gomez	
Signature		Date 2/15/08

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

 <p><b>OIA</b> FEB 19 2008 <b>FEE TRANSMITTAL</b> For FY 2005</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>TOTAL AMOUNT OF PAYMENT (\$) <b>180.00</b></p>		<b>Complete if Known</b> <table border="1"> <tr> <td>Application Number</td> <td><b>10/620,315</b></td> </tr> <tr> <td>Filing Date</td> <td><b>July 14, 2003</b></td> </tr> <tr> <td>First Named Inventor</td> <td><b>Moshe Rosenberg</b></td> </tr> <tr> <td>Examiner Name</td> <td><b>Melissa S. Mercier</b></td> </tr> <tr> <td>Art Unit</td> <td><b>1615</b></td> </tr> <tr> <td>Attorney Docket No.</td> <td><b>309J-000310US</b></td> </tr> </table>		Application Number	<b>10/620,315</b>	Filing Date	<b>July 14, 2003</b>	First Named Inventor	<b>Moshe Rosenberg</b>	Examiner Name	<b>Melissa S. Mercier</b>	Art Unit	<b>1615</b>	Attorney Docket No.	<b>309J-000310US</b>
Application Number	<b>10/620,315</b>														
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Examiner Name	<b>Melissa S. Mercier</b>														
Art Unit	<b>1615</b>														
Attorney Docket No.	<b>309J-000310US</b>														

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): **Deposit Account**  
 Deposit Account Deposit Account Number: **50-0893** Deposit Account Name: **Quine Intellectual Property Law Group, P.C.**

For the above identified deposit account, the Director is hereby authorized to : (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>
				<u>Fee (\$)</u>	<u>Fee (\$)</u>
- 20 or HP =	x	=		50	25
HP = highest number of total claims paid for, if greater than 20.				200	100
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
- 3 or HP =	x	=		360	180
HP = highest number of independent claims paid for, if greater than 3.					

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 27 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>(\\$)</u>	<u>Fee Paid (\$)</u>
- 100	/50 =	Round up to a whole number) x	=	

**4. OTHER FEE(S)**

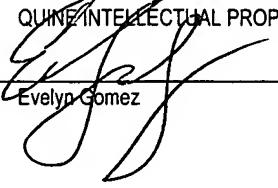
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):		
Other: <b>Information Disclosure Statement</b>		<b>180</b>
Other:		

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	<b>41,595</b>	Telephone	<b>510 269-5510</b>
Name (Print/Type)	<b>Gary Baker</b>				Date <b>2/15/08</b>

I hereby certify that this correspondence is being deposited with the United States Postal Service first class mail in an envelope addressed to:  
Commissioner for Patents, PO Box 1450  
Alexandria, VA 22313-1450, on 2/15/08

By   
Evelyn Gomez

Attorney Docket No. 309J-000310US  
Client Ref. No. 2002-280-2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Moshe Rosenberg, et al.

Application No.: 10/620,315

Filed: July 14, 2003

For: METHOD AND COMPOSITIONS  
FOR PREPARING AND  
DELIVERING RUMEN PROTECTED  
LIPIDS, OTHER NUTRIENTS AND  
MEDICAMENTS

Examiner: Melissa S. Mercier

Art Unit: 1615

INFORMATION DISCLOSURE  
STATEMENT UNDER 37 CFR § 1.97 and  
§ 1.98

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO-1449 are being called to the attention of the Examiner. Copies of the cited US Patent applications and US Publications have not been enclosed because they are no longer required by the office for submission. It is respectfully requested that the cited information be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

02/19/2008 AHMADI 63000630 580893 10620315  
01 FC:1006 100.00 DA

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

This IDS is being filed after the mailing date of the first Office Action and more than three months after the filing date, the Notice of Allowance and the Final Office Action. Please deduct \$180.00, pursuant to 37 CFR §1.17(p), from the undersigned's Deposit Account No. 50-0893. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

  
Gary Baker  
Reg. No. 41,595

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